

**RANKIN COUNTY JAIL**

Booking Sheet: RCJ2020100172

Page: 1

ID #: 1001234  
 Name: RAY, BRIAN CHRISTOPHER  
 Address: 2270 COUNTY HOME RD  
 HURLEY, MS 392270000  
 Phone(Home/Business): (601) 955-4164 (601) 955-4264  
 DOB: [REDACTED] Age: 34 YRS Height: 5- 9  
 Race: W Sex: M Weight: 190  
 Eyes: BLU Ethnicity: N Appearance: 40  
 Hair: BRO Resident: N Build: 1  
 Scars/Marks/Tattoos: Complexion: 06 Birth Place: FLOWOOD MS  
 Employer: UNEMPLOYED FBI ID: IdentA:  
 SSN: [REDACTED] DL No.: State ID: [REDACTED] MS



Booking Date: 10/31/20 Time: 14:44 Transfer(Y/N)? Facility: RCJ  
 Arrest Date: 10/31/20 Time: 14:44 Booking Officer: 2019080009 WHITE, BLAINE  
 Arresting Agency: RSO Cell Assignment: AC214139  
 Officer: Name not found Status: PFEL Class: C214  
 Location: Holding For: Court Date:  
 Brandon MS  
 Searched By: J70 Phone Call: Y Sentence Date: / /  
 CLOTHING: Y NCIC: JAIL RULES Y Scheduled Release: / / 0:00  
 METAL: WARRANT: Probation Off./Atty.:  
 PAT: Y PRINTS: Bondsman:  
 STRIP: Y PHOTO: Y Supplemental To:  
 CAVITY: VNR: Drug Screen:

Cash: \$0.00 Vehicle Information:  
 Vehicle Location:  
 Property Description: Property Location: 47/308  
 GREEN SHIRT, RED SHORTS, BLUE SHOES, WHITE SOCKS, BLUE UNDERWEAR...J70

Seq.No.:	Code:	Description:	OFFENSES	Court	Bond Amt:	Bond Type:
	Statute (RSA)	Incident Number	Warrant Number	Fel/Misd	Fine Amount:	
Notes:	Reference Number:					
1	00475	POSSESSION OF A CONTROLLED SUBSTANCE III, IV C RCCI			0.00	
	41-29-139 (C)(3)(A)	RCJ2020100172		F	0.00	

PF... POSS OF METH BOND SURRENDER....11/10/2020 released to hospital...j5da...01/06/2021 motion to nolle pros. indicment per circuit court...t10pm

JAIL PROPERTY ISSUED						
Item Code/Description:	Serial No.:	Inventory No.:				
Date/Time:	Issued by:	Condition:	Quantity:	Cost:	Total Cost:	
BK UNIFORM AND SHOES						
10/31/2020 14:48	2019080009	F	1	0.00	0.00	

EXHIBIT 1

PRAR#2 001

## RANKIN COUNTY JAIL

Booking Sheet: RCJ2020100172

Page: 2

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I HAVE RECIEVED THE ABOVE JAIL PROPERTY IN THE CONDITION STATED.  
I UNDERSTAND I AM RESPONSIBLE FOR THIS PROPERTY UNTIL RETURN  
OR REIMBURSEMENT IS MADE FOR DAMAGE OR LOSS INCURRED DURING MY USE.

Inmate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

---

Bond Total:

I HAVE READ THE ABOVE ACCOUNTING OF MY PROPERTY, MONEY AND  
VALUABLES AND FIND IT TO BE ACCURATE. I ALSO UNDERSTAND MY PHONE  
CONVERSATIONS WILL BE MONITORED FOR SECURITY REASONS.

Inmate's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Booking Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**RANKIN COUNTY JAIL**

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 HURLEY, MS 392270000  
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 DOB: [REDACTED] Age: 34 YRS Height: 5- 9  
 Race: W Sex: M Weight: 190  
 Eyes: BLU Ethnicity: N Appearance: 40  
 Hair: BRO Resident: N Build: 1  
 Scars/Marks/Tattoos: Complexion: 06  
 Employer: UNEMPLOYED  
 SSN: [REDACTED] DL No.: State ID: [REDACTED] MS



Booking Date: 10/31/20 Time: 14:44 Transfer(Y/N)? Facility: RCJ  
 Arrest Date: 10/31/20 Time: 14:44 Booking Officer: 2019080009 WHITE, BLAINE  
 Arresting Agency: RSO Cell Assignment: AC214139  
 Officer: Name not found Status: PFEL Class: C214  
 Location: Hold Reason: Court Date:  
 Brandon MS Holding For:  
 Searched By: J70 Phone Call: Y Sentence Date: / /  
 CLOTHING: Y NCIC: JAIL RULES Y Scheduled Release: / / 0:00  
 METAL: WARRANT: Probation Off./Atty.:  
 PAT: Y PRINTS: Bondsman:  
 STRIP: Y PHOTO: Y  
 CAVITY: VNR: Drug Screen:

Seq.No.:	Code:	Description:	OFFENSES:	Fel/Mis:	Bond Amt:	Bond Type:
	Incident Number		Statute (RSA):		Fine Amount:	
1	00475	POSSESSION OF A CONTROLLED SUBSTANCE III, IV OR V	41-29-139 (C)(3)(A)	F	0.00	0.00
	RCJ2020100172					

**Notes:**

A/O T/O...BONDSMAN WENDY DILWORTH  
 D/O P/O...J70  
 B/O..T6

Run: 1/05/21 1:03PM

10/31/2020 15:27 Page: 1

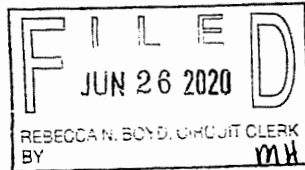
CIRCUIT COURT B/W...T10PM

## IN THE CIRCUIT COURT OF RANKIN COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VS.

BRIAN CHRISTOPHER RAY



CAUSE NO. 30690(E)

DEFENDANT

## BENCH WARRANT

TO ANY LAWFUL OFFICER OF  
THE STATE OF MISSISSIPPI:

You are hereby commanded to arrest and hold the above named Defendant, **BRIAN CHRISTOPHER RAY**, DOB: [REDACTED]; Social Security [REDACTED]; who was previously indicted for the felony offenses of **POSSESSION OF METHAMPHETAMINE AS A SUBSEQUENT DRUG OFFENDER AND AS A HABITUAL OFFENDER**, and who failed to appear for **COURT** scheduled on June 24, 2020, commencing at 9:00 a.m., in this cause on the day set. You are to notify both the Rankin County Sheriff's Department and the Rankin County Circuit Court Clerk's Office, both which are located in Brandon, Mississippi, by teletype or other means of written communication, within 24 hours of the arrest of the Defendant of the fact of your detention of said person.

SO ORDERED this the 26 day of June, 2020.STATE OF MISSISSIPPI  
COUNTY OF RANKINA true and correct copy, I hereby certify.  
REBECCA N. BOYD, CIRCUIT CLERKBY Margaret Henderson D.C.  
CIRCUIT JUDGE



Run: 1/05/21 1:03PM

10/31/2020 15:28

Page: 1

BOND SURRENDER AFF...T10PM

## Rankin County Jail Bond Surrender Affidavit

STATE OF MISSISSIPPI

COUNTY OF Rankin

Personally appeared before me, the undersigned authority in and for the aforesaid jurisdiction,  
Wendy Dilworth, after being duly sworn, certify that I am a licensed  
 professional bondsman employed by A Beeline Bonding and that said  
 bonding company posted bond in the amount of \$ 10,000<sup>00</sup> for the following  
 Defendant:

Brian Christopher Ray

whose identity has been verified, said bond being posted on the 28 day of January,  
 2019 on the charge(s) of: poss of C/s (meth)

I further certify that said Defendant violated the conditions of his/her bond by: \_\_\_\_\_

fail to appear for scheduled court date and I hereby

SURRENDER him/her on said bond.

Im Dixon  
Bondsman

SWORN TO AND SUBSCRIBED BEFORE ME, this the 13 day of

October, 2020.



Rochelle Dixon  
Notary Public

My Commission expires:

This completed Affidavit must be presented to the Rankin County Jail upon surrender of said individual.

PRAR#2 008

Run: 1/05/21 1:03PM

10/31/2020 15:28

Page: 1

LAW AGENCY AFF...T10PM

LAW ENFORCEMENT AGENCY AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF RANKIN

BEFORE ME, the undersigned authority in and for the city aforesaid, this day personally appeared, the within named person, a law enforcement officer for aforesaid city, said law enforcement officer being by me first duly sworn, does certify that our agency's charge(s) of \_\_\_\_\_

FTA Identity Theft : Poss of Meth as Habitual  
against Brian Christopher Ray is still a valid and active charge(s) to the best of my knowledge and belief according to our records.

Furthermore, this law enforcement agency grants to A Beeline Company, the bonding company whom bonded said individual on said charge(s), its Approval to Surrender said individual, for violating the conditions of his/her bond, to the Rankin County Sheriff, pursuant to §99-5-27(2)(a), Miss. Code Ann. (1972).

Victoria Smith  
Law Enforcement Officer/Warrants Clerk

SWORN TO AND SUBSCRIBED BEFORE ME this the 13 day of Oct.,  
2020.



Robin Hetherington  
Notary

This completed Affidavit must be presented to the Rankin County Jail upon surrender of said individual.

PRAR#2 009

Run: 1/05/21 1:05PM

10/31/2020 15:29 Page: 1

MED SHEET...T10PM

**RANKIN COUNTY JAIL**

Booking Medical Sheet: RCJ2020100172

10/31/20 14:44

ID #: 1001234

Name: RAY, BRIAN CHRISTOPHER

Address: 2270 COUNTY HOME RD

HURLEY, MS 392270000

DOB: [REDACTED] Race: W Height: 5-9 Eyes: BLU Home Phone  
 Age: 34 YRS Sex: M Weight: 190 Hair: BRO (601)955-4164

Soc. Sec. No.: [REDACTED]

Yes/No **VISUAL ASSESSMENT**

- N 1. Is inmate unconscious?
- N 2. Does inmate have any visible signs of trauma, illness, obvious pain or bleeding, requiring immediate medical attention?
- N 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that may be contagious?
- N 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- N 5. Does inmate appear to be under the influence of drugs or alcohol?
- N 6. Any visible signs of alcohol or drug withdrawal?
- N 7A. Does inmate's behavior suggest the risk of suicide?
- N 7B. Does inmate's behavior suggest the risk of assault?
- N 8. Is inmate carrying medication?
- N 9. Does the inmate have any physical deformities?
- N 10. Does inmate appear to have psychiatric problems?

Yes/No **MEDICAL QUESTION**

11. Do you have or have you ever had any of the following:
- |              |                    |                         |                     |
|--------------|--------------------|-------------------------|---------------------|
| a) allergies | e) epilepsy        | i) high blood pressure  | m) ulcers           |
| b) arthritis | f) fainting spells | j) psychiatric disorder | n) venereal disease |
| c) asthma    | g) heart condition | k) seizures             | o) other(specify)   |
| d) diabetes  | h) hepatitis       | l) tuberculosis         |                     |
12. Females only:
- a) Are you pregnant? b) Do you take birth control pills? c) Have you recently delivered?
13. Have you recently been hospitalized or treated by a doctor?
14. Do you currently take any medication prescribed by a doctor?
15. Are you allergic to any medication?
16. Do you have any handicaps or conditions that limit activity?
17. Have you ever attempted suicide or are you thinking about it now?
18. Do you regularly use alcohol or street drugs?
19. Do you have any problems when you stop drinking or using drugs?
20. Do you have a special diet prescribed by a doctor?
21. Do you have any problems or pain with your teeth?
22. Do you have any other medical problems we should know about?
23. Are you currently getting a check from Social Security for any reason?

**Medical Insurance:****Doctor:****Emergency Contact:****Relationship:****Address:****City:****State:****Zip:****Phone:****Diet Restrictions and Medical Orders:**

PRAR#2 012

Run: 1/05/21 1:05PM

10/31/2020 15:30 Page: 1

PG2..T10PM

RANKIN COUNTY JAIL

Booking Medical Sheet: RCJ2020100172

10/31/20 14:44

I CERTIFY THAT I HAVE TRUTHFULLY ANSWERED THESE QUESTIONS ABOUT MY HEALTH.

Inmate's signature x clng Date \_\_\_\_\_ Time \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Attending Officer BW 76 Date 10-31-20 Time \_\_\_\_\_

PRAR#2 013



Run: 1/05/21 1:06PM

10/31/2020 19:25 Page: 1

WATCH..T10PM



# Sheriff's Department Rankin County, Mississippi

## Adult Detention Center

BRYAN BAILEY  
SHERIFF OF RANKIN COUNTY

Date: 10/31/2020Watch initiated by: J37 JC

Watch Type				
Administrative Segregation		Lockdown		Medical Management <input checked="" type="checkbox"/>
Special Management		Suicide Watch		24 Hour Observation
Protective Custody		Medical Watch		Courtesy Hold

Inmate Name: Ray, BrianRCJ#: 2020100172Watch Location: 221-256

Reason for watch:

14 Day quarantine protocolWatch start date: 10/31/2020 Time: 1440Officer/Medical Signature: J37 JC / [Signature]

Watch end date: \_\_\_\_\_ Time: \_\_\_\_\_

Officer/Medical Signature: \_\_\_\_\_

To be completed and turned into the Jail Administrator daily

Run: 1/05/21 1:06PM

11/05/2020 07:56

Page: 1

MED SHEET...T6SW

## RANKIN COUNTY JAIL

Booking Medical Sheet: RCJ2020100172

10/31/20 14:44

ID #: 1001234

Name: RAY, BRIAN CHRISTOPHER

Address: 2270 COUNTY HOME RD

HURLEY, MS 392270000

DOB: [REDACTED] Race: W Height: 5-9 Eyes: BLU Home Phone  
 Age: 34 YRS Sex: M Weight: 190 Hair: BRO (601)955-4164

Soc. Sec. No.: [REDACTED]



## Yes/No VISUAL ASSESSMENT

- N 1. Is inmate unconscious?
- N 2. Does inmate have any visible signs of trauma, illness, obvious pain or bleeding, requiring immediate medical attention?
- N 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that may be contagious?
- N 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- N 5. Does inmate appear to be under the influence of drugs or alcohol?
- N 6. Any visible signs of alcohol or drug withdrawal?
- N 7A. Does inmate's behavior suggest the risk of suicide?
- N 7B. Does inmate's behavior suggest the risk of assault?
- N 8. Is inmate carrying medication?
- N 9. Does the inmate have any physical deformities?
- N 10. Does inmate appear to have psychiatric problems?

## Yes/No MEDICAL QUESTION

11. Do you have or have you ever had any of the following:
- |                |                      |                           |                       |
|----------------|----------------------|---------------------------|-----------------------|
| N a) allergies | N e) epilepsy        | N i) high blood pressure  | N m) ulcers           |
| N b) arthritis | N f) fainting spells | N j) psychiatric disorder | N n) venereal disease |
| N c) asthma    | N g) heart condition | N k) seizures             | N o) other(specify)   |
| N d) diabetes  | N h) hepatitis       | N l) tuberculosis         |                       |
12. Females only:
- a) Are you pregnant? b) Do you take birth control pills? c) Have you recently delivered?
- N 13. Have you recently been hospitalized or treated by a doctor?
- N 14. Do you currently take any medication prescribed by a doctor?
- N 15. Are you allergic to any medication?
- N 16. Do you have any handicaps or conditions that limit activity?
- N 17. Have you ever attempted suicide or are you thinking about it now?
- Y 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a doctor?
- N 21. Do you have any problems or pain with your teeth?
- N 22. Do you have any other medical problems we should know about?
- N 23. Are you currently getting a check from Social Security for any reason?

Medical Insurance: NONE

Doctor: MOODYHAM OLD FANNIN

Emergency Contact: LINDA DOVE

Relationship: MOTHER

Address: 214 WATER WOOD DR

City: BRANDON

State: MS Zip: 390470000

Phone: 6019554164

Diet Restrictions and Medical Orders:

none

PRAR#2 023

Run: 1/05/21 1:06PM

11/05/2020 07:57

Page: 1

PG.2...T6SW

RANKIN COUNTY JAIL

Booking Medical Sheet: RCJ2020100172

10/31/20 14:44

EXPLANATIONS (REFER TO QUESTION NUMBER)

Q18:HARION ABOUT MOUTH AGO

I CERTIFY THAT I HAVE TRUTHFULLY ANSWERED THESE QUESTIONS ABOUT MY HEALTH.

Inmate's signature

*XCMB*

Date

*11/5/20*

Time

*0525*

Witness

Date

Time

Attending Officer

*Englem J/B*

Date

*11/5/20*

Time

*0625*

Run: 1/05/21 1:06PM

11/05/2020 12:16

Page: 1

WATCH...T6SW



# Sheriff's Department Rankin County, Mississippi

Adult Detention Center

BRYAN BAILEY  
SHERIFF OF RANKIN COUNTYDate: 11/5/2020Watch initiated by: [Signature]

Watch Type					
Administrative Segregation		Lockdown		Medical Management	
Special Management		Suicide Watch		24 Hour Observation	
Protective Custody		Medical Watch	X		

Inmate Name: Brian RayRCJ#: 2020100172

Watch Location: \_\_\_\_\_

Reason for watch:

Withdrawal  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
Watch start date: 11/5/2020 Time: 1002Officer/Medical Signature: [Signature] J37 JC

Watch end date: \_\_\_\_\_ Time: \_\_\_\_\_

Officer/Medical Signature: \_\_\_\_\_

To be completed and turned into the Jail Administrator daily

Run: 1/05/21 1:06PM

11/12/2020 09:17 Page: 1

SEG SHEET...T6SW

**Rankin County Adult Detention Center  
Individual Inmate Segregation Record Sheet**

Date Beginning Segregation: 10/31/20 Date New Sheet Started: \_\_\_\_\_ Cell location: 221-656

Inmate Name: Pay, Brian Authorized By: J37

**Reason for Segregation:**Administrative Segregation: ☐Disciplinary Detention: ☐Medical Management: ☒Special Management: ☐Suicide Watch: ☐24 Hour Observation: ☐Protective Custody: ☐Medical Watch: ☒Courtesy Hold: ☐Release Date: 11-10-2020 Release Time: 0956Releasing Officer: J-5

Location Inmate Moved To: \_\_\_\_\_ Pod#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Instructions for Filling out Inmate Segregation Sheet****Pertinent Information:** Epileptic, Diabetic, Suicidal, Assaultive, Etc.**Meals:** B=Breakfast, L=Lunch, S=Supper Exercise: Enter Time Out**Medical PA:** Medical Physician's Assistant will sign each time inmate seen**OIC:** Officer in charge (tower or booking) must sign each shift**Comments:** Attitude, Special Instructions, Movement, Privileges, Etc.**Do not alter this form. Falsification of this form may result in termination. Approval Jail****Administrator: Revised 5/10/2019**

The following section is used to notate any comments about inmates behavior, privileges, special instructions (fully shackled, two officer escort), movement (court movement, medical, etc.), or any other pertinent information regarding the inmate being segregated. When a new sheet is started pertinent information must be transferred.

**Comments:**

14 Day Quarantine / Fed in booking 10/31/20 14:50 J37... 11-5-20  
moved to Med Watch per medical - Inmate transported to  
Hospital at 1929 on 11-8-2020 Released from ADI

**Inmate Cell Transfers:** If an Inmate is transferred from one segregated area to another, the current sheet is to be taken to the appropriate tower. The moves must be notated below to reflect where the inmate was moved to, who authorized, and the date the move was made.

Current Cell#: 221-256 New Cell#: 214-139 Moved By: J37 Date: 11-5-20

Current Cell#: \_\_\_\_\_ New Cell#: \_\_\_\_\_ Moved By: \_\_\_\_\_ Date: \_\_\_\_\_

Current Cell#: \_\_\_\_\_ New Cell#: \_\_\_\_\_ Moved By: \_\_\_\_\_ Date: \_\_\_\_\_

Current Cell#: \_\_\_\_\_ New Cell#: \_\_\_\_\_ Moved By: \_\_\_\_\_ Date: \_\_\_\_\_



Run: 1/05/21 1:07PM

11/12/2020 09:18

Page: 1

PG.2...T6SW

Ray  
201.254

**Rankin County Adult Detention Center  
Individual Inmate Segregation Record Sheet**

Date	Time	Meals	Medical PA Signature	Exercise (Y/N) Time	Conduct (S/US)	OIC Signature
10/31	7AM-7PM	B- _____	[Signature]	_____	_____	_____
		L- _____		_____	_____	_____
	7PM-7AM	S- 1700		N	S	64
11-1	7AM-7PM	B- 0557	1030955	N	S	40
		L- 1118		N	S	70
	7PM-7AM	S- 1718	112130	N	S	70
11/2	7AM-7PM	B- 0552	880948	N	S	527
		L- 1105		N	S	17
	7PM-7AM	S- 1725	112115	N	S	17
11/3	7AM-7PM	B- 0607	110848	N	S	46
		L- 1120		N	S	17
	7PM-7AM	S- 1725	112117	N	S	17
11/4/20	7AM-7PM	B- 0610	110921	N	S	56
		L- 1104		N	S	58
	7PM-7AM	S- 1732	112145	N	S	58
11-5	7AM-7PM	B- 0558	1130923	N	S	40
		L- 1124		N	S	24
	7PM-7AM	S- 0800	112140	N	S	24
11/6	7AM-7PM	B- 0606	110950	N	S	34
		L- 1142		N	S	71
	7PM-7AM	S- 1742	CP 2255	N	S	71
11/7	7AM-7PM	B- 0600	110920	N	S	74
		L- 1123		N	S	71
	7PM-7AM	S- 1720	112142	N	S	71
11/8	7AM-7PM	B- 06105	110945	N	S	74
		L- 1122		N	S	71
	7PM-7AM	S- 1714	112235	N	S	71
	7AM-7PM	B- _____				
		L- _____				
	7PM-7AM	S- _____				
	7AM-7PM	B- _____				
		L- _____				
	7PM-7AM	S- _____				
	7AM-7PM	B- _____				
		L- _____				
	7PM-7AM	S- _____				
	7AM-7PM	B- _____				
		L- _____				
	7PM-7AM	S- _____				

This portion of the Inmate Segregation Sheet is to notate the times at which the inmate being segregated is fed, seen by the PA, and allowed access to recreation, how their conduct has been, and the OIC to sign. All sections must be filled out by the Tower Officer or Booking Officer in charge of the inmate being segregated. Failure to comply will result in disciplinary actions. Any pertinent information will be recorded on the comment section on the reverse side of this form.

**JAIL INCIDENT REPORT****Incident Number: 2020110062**

Incident Date/Time: 11/08/2020 20:52:27 Incident Type: SUICIDE WATCH

Incident Location: 214/139

Incident Cause: Inmate attempted suicide

**NARRATIVES (Facts):**

Date/Time Entered: 11/08/2020 20:55:11

Entered By: BLACK, MASON

Blacks Report:

On November 8th, 2020, I Officer Black, was assigned to central tower as the tower officer. At around 1900hrs, I was operating the tower board for pod 213 because of sanitation. I then noticed that cell 141 in pod 214 was showing unlocked. Because the inmate that was housed in cell 141 was [REDACTED] I looked to check the camera for cell 141 to make sure the inmate was okay. It was at this time i noticed Inmate Brian Ray hanging in his cell. At that time, I called Sgt. Bridges notified him of the situation. I then called for a medical emergency in pod 214.

End Of Report...

J71 M.Black

Date/Time Entered: 11/09/2020 00:01:09

Entered By: THORNTON, PATRICK

Thornton Supplement-

On 11/8/2020 at around 1900, I Officer Thornton was in the Line Office when Central tower Officer Black called Sgt. Bridges on the phone and asked him to come to Central. Once Sgt. Bridges went to Central I Officer Thornton was making my way to Central Tower to see what was going on. That's when Sgt. Bridges radioed for my assistance in POD 214. I quickly responded to cell 139 and found where Sgt. Bridges was yelling for me to come quickly and help him get Inmate Ray who was hanging by a t-shirt that was tied off of a hole in the cell wall above the cells sink. Sgt. Bridges then picked Inmate Ray up and attempted to untie the t-shirt from his neck, I Officer Thornton used my pocket knife to cut Inmate Ray down. Myself and Sgt. Bridges laid Inmate Ray on the floor. Sgt. Bridges then began checking for a pulse. After inmate Brian Ray was on the cell floor I radioed for medical assistance in 214. Officer Franklin showed up and started chest compressions, while Sgt. Bridges held Inmate Rays head to prevent any further injury's to his head or neck. Nurse Cassandra, Candi, and Vicki arrived with the AED and advised that an ambulance needed to be called. Officer Hildeshiem radioed booking to call Brandon fire and Pafford medical and have them en route. Brandon Fired department arrived on scene and Pafford arrived and took over. Inmate Ray went out to Rankin Merit with Pafford EMS and J55.

EOR

Thornton J47

Date/Time Entered: 11/09/2020 00:23:21

Entered By: HILDESHEIM, TOMMY

Hildesheim Supplement-

On the 11/8/20 @ approx.1900 Hrs. I Officer Hildesheim was helping with sanitation in Central pod 213 when I, Officer Hildesheim j56 heard over the radio Medical Emergency in Pod 214. I, Officer Hidesheim J56 arrived at that time Officer Franklin J55 Officer Thornton J47 and Sgt Bridges J41 was conducting CPR. I, Oficer Hildesheim assited medical and the officers with CPR. I notified booking via radio to get Brandon F/D and Praford ambulance en route. At approx.1909 Brandon F/D arrived and short peroid later at approx. 1914 Praford ambulance arrived and took over the scene and took Inmate Ray to Merrit Health along with Officer Franklin J55.

End Of Report.....

Hildesheim J56

**JAIL INCIDENT REPORT****Incident Number: 2020110062**

Date/Time Entered: 11/09/2020 07:26:44

Entered By: FRANKLIN, JOHNATHAN

**Officer Franklin's Report**

On 11/8/2020 at 1900hrs Officer Hildesheim and myself were conducting sanitation in POD 213. I heard Sgt. Bridges calling for Officer Thorton to come to POD 214 Cell 139 asap. I ran down the stairs in pod 213 and quickly made my way into pod 214 cell 139, upon entering the cell Sgt. Bridges stated inmate Ray was hanging himself and no longer had a pulse. As soon as Sgt. Bridges stated he had no pulse I immediately started chest compressions while Sgt. Bridges held inmate Rays head to avoid any further injury. Once the nurses arrived I swapped from CPR to Air supply.

Once Brandon F/D and Pafford showed they took over the scene and CPR while I continued to give Air supply. Once inmate Ray had a pulse again Padford and myself transported inmate Ray to the ambulance. Inmate Ray was Transported to Rankin Merritt Via Pafford ambulance 405.

End of Report

JF J55

**EVIDENCE COLLECTED:**

NO DATA ENTERED

**ACTION(S)/RECOMMENDATION(S):**

Date/Time Entered: 11/08/2020 23:39:42

Entered By: BRIDGES, JOSHUA

**Bridges Supplement:**

On 11/8/2020 at around 1901, I Sgt. Joshua Bridges J-41 was conducting my duties as the shift supervisor on duty when the following happened. Central tower officer black called me via phone and informed me that Inmate Brian Ray was attempting to hang himself by his neck in pod 214 cell 139. I quickly responded to cell 139 and found Inmate Ray hanging by a t-shirt that was tied off of a hole in the cell wall above the cells sink. I then picked Inmate Ray up and attempted to untie the t-shirt from his neck but could not. I then radioed for officer Thornton J47 to respond and assist me. Officer Thornton responded and cut Inmate Ray down and myself and Officer Thornton laid Inmate Ray on the floor. I then checked for a pulse and did not find one so I had Officer Franklin J-55 start chest compressions, while I held Inmate Rays head to prevent any further injury's to his head or neck. Myself, Officer Franklin, and Officer Thornton took turns giving chest compressions until the nurse arrived with the AED and advised that an ambulance needed to be called. Brandon fire and Pafford medical were notified at 1904. Brandon Fired department arrived on scene at 1909, and Pafford arrived on scene at 1914. Inmate Ray went out to Rankin Merit with Pafford EMS and J55 at 1929.

Joshua Bridges J-41

Date/Time Entered: 11/09/2020 00:16:57

Entered By: BRIDGES, JOSHUA

**Bridges Actions:**

Inmate Brian Ray was transported to Rankin Merit with Pafford EMS and Officer Franklin J-55

J. Bridges J-41

**SUPERVISOR/MANAGER REVIEW:**

Date/Time Entered: 11/09/2020 09:44:08

Entered By: MURPHY, DEBRA

**Sgt. Murphy's review**

Handled by Officers.

D. Murphy J11

**INFRACTION(S) INVOLVED:**

NO DATA ENTERED

**JAIL INCIDENT REPORT****Incident Number: 2020110062****PARTIES INVOLVED:**

Party Name: BLACK , MASON P  
 Book Number (If Inmate):

Involvement: OFFICER  
 Cell Assignment (If Inmate):

Party Name: FRANKLIN , JOHNATHAN PAUL  
 Book Number (If Inmate):

Involvement: OFFICER  
 Cell Assignment (If Inmate):

Party Name: HILDESHEIM , TOMMY W  
 Book Number (If Inmate):

Involvement: OFFICER  
 Cell Assignment (If Inmate):

Party Name: THORNTON , PATRICK ALFRED  
 Book Number (If Inmate):

Involvement: OFFICER  
 Cell Assignment (If Inmate):

Party Name: THORNTON , PATRICK ALFRED  
 Book Number (If Inmate):

Involvement: OFFICER  
 Cell Assignment (If Inmate):

Party Name: RAY , BRIAN CHRISTOPHER  
 Book Number (If Inmate): RCJ2020100172

Involvement: PARTICIPANT  
 Cell Assignment (If Inmate): AC214139

Entered By: BLACK, MASON

Officer Making Report \_\_\_\_\_  
 2020080238

Date \_\_\_\_\_ Time \_\_\_\_\_

Approval Supervisor \_\_\_\_\_  
 2016090175

Date \_\_\_\_\_ Time \_\_\_\_\_

Approval Manager \_\_\_\_\_  
 C112668

Date \_\_\_\_\_ Time \_\_\_\_\_



**Status Classification Assessment Sheet**

Booking Number: RCJ2020100172

Print Date: 01/08/2021

Assessment Date/Time: 10/31/2020 14:50

NAME: RAY, BRIAN CHRISTOPHER		Booking Date: 10/31/2020	
JAIL NO: RCJ2020100172	D.O.B. [REDACTED]	RACE: W	SEX: M SSN: [REDACTED]
Charge(s): 1) POSSESSION OF A CONTROLLE			
You have been placed in the following classification:			

This classification is determined by: current/past convictions; current/past institutional behavior; pending charges or holds in other jurisdictions (if any); sentenced or unsentenced; and/or any other information that may be deemed appropriate with regard to your personal security or the security of the facility. NOTE: Your classification can change when: charges are altered or reduced; you are sentenced; due to administrative hearings; due to regular periodic review; and / other reasons recommended by the jail staff.

Appeal Process: any inmate dissatisfied with his or her classification must appeal his/her classification, in writing, within ten (10) days of the primary classification or reclassification by addressing his/her appeal as APPEAL OF CLASSIFICATION and directing it to the Sheriff or his designee.

Classified by:	Date:
Comments by staff:	

**PRIMARY SECURITY LEVEL ASSIGNMENT**

<b>Is Current Offense Assaultive Felony?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Any Prior Assaultive Felony Convictions?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Risk Level:</b> <b>1 High</b>		MAXIMUM	
<b>Any History of Escape?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>3 or more Prior Felony Convictions in Last 5 Yrs.?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>2 Close Custody</b>			
<b>High Risk</b> <input type="checkbox"/> Assaultive <input type="checkbox"/> Escape <input type="checkbox"/> Suicidal <input type="checkbox"/> Mental <input type="checkbox"/> Gang Member <input type="checkbox"/> Other		<b>Detainer Warrant or Pending Charges?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Known Past/Present Serious Inst. Behavior Problems?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>3 Medium Aslt/Escp</b>	
<b>Special Condition</b> <input type="checkbox"/> Protective Custody <input type="checkbox"/> Medical <input type="checkbox"/> Juvenile <input type="checkbox"/> Handicap/Retarded <input type="checkbox"/> Body Fluid watch <input type="checkbox"/> Other		<input checked="" type="radio"/> If Pre-Sentence <input type="radio"/> If Post-Sentence		<input checked="" type="radio"/> F1, F2, F3 Felor <input type="radio"/> F5 Fel. Or Misd.		<b>4 Medium</b>	
						<b>5 Medium Pre</b>	
						<b>6 Minimum Pre</b>	
						<b>7 Minimum</b>	
						<b>8 Low Minimum</b>	
						<b>9 Very Low</b>	



**Status Classification Assessment Sheet**

Booking Number: RCJ2020100172

Print Date: 01/08/2021

Assessment Date/Time: 10/31/2020 14:50

**Primary Security Level Assignment**

Inmate Name: RAY, BRIAN CHRISTOPHER

Inmate ID: 1001234

Is Override of Security Designation Recommended: ☐ Yes ☐ NoWritten Explanation of Override:**Recommended Security Designation:**

- ☐ 1. High      ☐ 2. Close Custody      ☐ 3. Medium Assaultive-Escape      ☐ 4. Medium  
☐ 5. Medium Pre-Sentenced      ☐ 6. Minimum Pre-Sentenced  
☐ 7. Minimum      ☐ 8. Low Minimum      ☐ 9. Very Low

Signature of Officer completing Assessment:Date:**Supervisory Review of Override:**

(If 'Disapproved', provide a written explanation)

☐ APPROVED ☐ DISAPPROVEDWritten Explanation of Disapproval:**Final Security Designation:**

- ☐ 1. High      ☐ 2. Close Custody      ☐ 3. Medium Assaultive-Escape      ☐ 4. Medium  
☐ 5. Medium Pre-Sentenced      ☐ 6. Minimum Pre-Sentenced  
☐ 7. Minimum      ☐ 8. Low Minimum      ☐ 9. Very Low

Signature of Supervisor Conducting the review:Date: